

Counseling Services
Department of Human Services (DHS)
Contract Language

COUNSELING (Clinical, Outreach, and Group)

1. Activities the Contractor shall perform:

The Contractor shall:

- a. Accept only referrals made on a DHS counseling referral form. For the Contractor to accept a referral, each person to be provided service shall be identified by name in a written DHS referral format to the Contractor.
 - 1) The Contractor can not provide services in advance of receipt of a written referral from DHS.
 - 2) The Contractor can not provide more than twelve (12) units of service for any referral unless the referral is reauthorized by DHS.
 - 3) The Contractor can not provide or bill for more than one (1) unit per therapy session.
- b. Upon receipt of a written DHS referral, contact the DHS referring worker to discuss the client's circumstances and discuss preliminary goals and objectives.
- c. Ensure that services accommodate the schedules of the client families. The Contractor shall be available for emergencies by telephone during nights and weekend hours.
- d. Address the goal for clients referred from Prevention or Protective Services programs, to provide a counseling treatment sequence for abusive/ neglectful parents or potentially abusive/neglectful parents which shall provide instruction in some or all of the following:
 - 1) Effective disciplinary methods providing alternatives to corporal punishment and neglect;
 - 2) Reduction of family conflict and depression;

- 3) Development of age-appropriate expectations;
- 4) Display of greater parent/child affection and trust;
- 5) Appropriate expression and control of feelings;
- 6) Opening and strengthening of the family support system;
- 7) Improvement of communication skills;
- 8) Parent as a role model;
- 9) Consequences of behavior;
- 10) Changing inappropriate family roles;
- 11) Ameliorating dysfunctional sexual behaviors;
- 12) Alleviating guilt or depression resulting from victimization;
- 13) Developing effective personal and interpersonal problem-solving methods;
- 14) Resolving individual and/or family concerns identified through assessment or ongoing treatment, which relate to mistreatment of children;
- 15) Strengthening the bond between victim and non-abusive parent;
- 16) Self-protection against further victimization;
- 17) Healthy sexuality;
- 18) Typical effects of sexual abuse and ways to assist their children;
- 19) The importance of:
 - a) Personal/home hygiene
 - b) Recognition of and protection from potential harm to children
 - c) Attention to medical care;
 - d) Age-appropriate parental attention and supervision;
Attention to nutritional and clothing needs of children.

- e. Address the goals of the counseling treatment sequence for abused/neglected children or potentially abused/neglected children to:
 - 1) Develop adaptive emotional expression skills;
 - 2) Heal trauma, victimization and loss;
 - 3) Develop self-control and decision-making skills;
 - 4) Practice coping skills in family and community settings;
 - 5) Support progress toward normative childhood experience.

- f. For referrals from DHS Direct Support Services programs, provide instruction and address goals as specified in the referral. The goal is to provide a counseling treatment sequence for DHS recipients and families to provide instruction in specific areas of concern which adversely impact the ability to be self-sufficient. These barriers, identified in the initial referral or discovered through the counseling process include some or all of the following:
 - 1) Effective disciplinary methods providing alternatives to corporal punishment and neglect;
 - 2) Reduction of family conflict and depression;
 - 3) Development of age-appropriate expectations;
 - 4) Display of greater parent/child affection and trust;
 - 5) Appropriate expression and control of feelings;
 - 6) Opening and strengthening of the family support system;
 - 7) Improvement of communication skills;
 - 8) Parent as a role model;
 - 9) Consequences of behavior;
 - 10) Developing effective personal and interpersonal problem-solving methods; consequences of decision; conflict resolution;
 - 11) The importance of:
 - a) Personal/home hygiene;
 - b) Recognition of and protection from potential harm to children;
 - c) Attention to medical care;
 - d) Age-appropriate parental attention and supervision; Attention to nutritional and clothing needs of children.

Clients referred from DHS Direct Supportive Services programs cannot be provided counseling services to address any sexual or substance abuse issues. The intent of this

counseling treatment is to address barriers preventing clients from successfully participating in the work force.

- g. For referrals from other DHS programs, provide instruction and address goals as specified in the referral.
- h. Base counseling upon established and recognized solution-focused methods such as rational-emotive therapy, family system therapy, interpersonal therapy, dialectical behavior therapy, cognitive-behavioral therapy, therapeutic play, role play, and parent counseling.
- i. Meet with each referred client for a minimum of fifty (50) minutes within ten (10) working days of receipt of the written DHS referral in order to assess the client's circumstances (including client strengths), developmental history, family structure, support system, physical health, employment, emotional and mental status and the client's view of the presenting concern.
- j. Within ten (10) working days of the initial interview with the client, submit to the referring DHS worker a counseling assessment and treatment plan report, which shall address the following:
 - 1) record of client sessions, kept and unkept appointments;
 - 2) phone or other case contracts;
 - 3) individual and/or family assessment;
 - 4) diagnosis
 - 5) identified concerns and client strengths;
 - 6) specific objectives and times frames.

The objectives listed in the treatment plan shall be behaviorally based and measurable. The objectives shall reflect interventions and strategies employed to achieve the overall goals of the counseling treatment sequence.

- k. Verbally evaluate with the client his/her progress, or lack of progress, in meeting counseling objectives during each counseling session.
- l. Assist in maintaining attendance of clients at sessions by providing follow-up on missed appointments. All missed appointments shall be followed within three working days by a letter or telephone call to clients informing them of the missed appointment and scheduling a follow-up appointment. The

Contractor shall notify the referring DHS worker by telephone each time two consecutive appointments are missed.

- m. Submit to DHS monthly progress reports due within ten (10) working days following the end of each month. The report shall include:
 - 1) Record of counseling sessions, kept and unkept appointments;
 - 2) Progress toward treatment goal/objectives;
 - 3) Treatment plan update (reflecting any changes);
 - 4) Client's cooperation with treatment;
 - 5) Diagnosis;
 - 6) Recommendations.
- n. Complete a termination summary report to be submitted to DHS no later than ten (10) working days following termination of service. At a minimum, the termination summary report must include:
 - 1) Diagnosis at termination;
 - 2) Treatment summary;
 - 3) Objectives and progress towards objectives;
 - 4) Total number of sessions;
 - 5) Amount of sessions attended;
 - 6) Cooperation in treatment;
 - 7) Reason for closure;
 - 8) Recommendations.
- o. Failure to provide timely reports may, at DHS' option, result in sanctions.
- p. The Contractor shall have at least monthly contact with each client for a period of time determined by the DHS, in consultation with the Contractor. The duration of counseling services shall not exceed twelve (12) sessions approved in writing by the referring worker's supervisor or designee.
- q. Based upon client declaration or information from DHS referring worker, and when available, bill the client's third party health insurance for reimbursable services identified and performed under this Agreement. Reimbursement received by the Contractor from third party carries shall be utilized as follows:

- 1) Other third party funding sources, e.g., insurance companies, may be billed in lieu of the DHS for contracted client services. Third party reimbursement shall be considered payment in full except that the client or the DHS may be required to pay a co-pay if required by the third party insurer. Reimbursements received WITHIN the period covered by this Agreement shall be credited to the DHS as an insurance adjustment, in the same month in which the payment is received, on the Contractor's Statement of Expenditures (DHS-3469). Credits shall be for the entire amount received, except that credits for services shall not exceed the rate(s) established for those service(s) under this Agreement.
- 2) Reimbursements received AFTER the period covered by this Agreement shall be credited to any subsequent Agreement (less any co-pay required by the third party insurer as specified in Item #1, above), between the Contractor and the DHS for the same or similar service.
- 3) Reimbursements received AFTER the period covered by this Agreement, and in the absence of a renewal Agreement, shall be returned to the State of Michigan as an overpayment (identified by contract number) within 30 days of receipt and mailed to:

Department of Human Services
Cashier Unit
PO Box 30037
Lansing, MI 48909

- 4) Clients may be charged based on a sliding fee scale if the DHS office has indicated on the referral form that use of a sliding fee scale is appropriate for the referral. Under no circumstances may a sliding fee scale be used for clients referred under the Child Abuse and Neglect program. If a sliding fee scale is utilized, the portion of the fee paid by the client shall be deducted from DHS' fee.
- r. The Contractor cannot bill for more than one (1) unit per counseling session. The Counselor who provides the counseling services must sign the billings and reports.
 - s. The Contractor cannot bill for missed appointments.

- t. The Contractor may be required to provide a copy of the client referral notice with the billings, on request by DHS.

2. Unit Definitions:

- a. Unit Title: Clinical Counseling

Unit Definition(s):

One unit equals one session of not less than fifty (50) minutes of a counselor's time in a face-to-face counseling session with a referred client and/or family members and/or other person(s) significant to the client (if specified in the DHS referral) at a confidential space in the Contractor's usual place of business.

- b. Unit Title: Outreach Counseling

Unit Definition(s):

One unit equals one session of not less than fifty (50) minutes of a counselor's time in a face-to-face counseling session with a referred client and/or family members and/or other person(s) significant to the client (if specified in the DHS referral) at the client's home or, with prior DHS approval, at a mutually agreed upon site.

- c. Unit Title: Group Counseling

Unit Definition(s):

One unit equals 1-½ hour session of face-to-face group counseling provided by a counselor to a group of referred clients. In addition to the counselor, each group shall include not fewer than three nor more than ten individual members and shall include not fewer than three unrelated family groups.

The Contractor may bill for partial units in increments of one-tenth of one unit if the group consists of non-eligible as well as DHS clients served under this Agreement. The portion to be charged to the DHS shall equal the percentage of DHS clients in the group times the unit rate.